U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Office Action Property
E	AL 13205

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2702	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Jeff A Agee, Jr.	Name IAMAW Local Lodge 10		
	Labor Organization File Number 00 9/07		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7429 Saxby Road	Street 3204 Cutshaw AV		
City Richmond	City Richmond		
State Virginia ZIP Code + 4 23231	State Virginia ZIP Code + 4 23230		
5. Position in labor organization. Business Representative			
<u></u>			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exci	ouse or minor child directly or Indirectly had any of the following interests lusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
DO Day Phila Pages No. if any			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	1		
City			
State Virginia ZIP Code + 4			
Market 1997 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
1 and	7/7/2005		
Signed	On 7/7/2005 804-359-4058 Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment.		

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name National Group Protection a. Labor Organization Trade Name, if any: National Group Protection b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 1445 Greenbrier Place Charlottesville State Virginia ZIP Code + 4 22901 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Members of the IAM locals at some bargaining units have the option to choose supplemental insurance Name from a variety of optional insurance programs offered by NGP at the individuals expense. These Trade Name, if any: programs are in no way funded by Union funds. P.O. Box, Bidg., Room No., if any

> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.

NGP invited my to one UVA/Maryland football game four tickets estimated value \$140.00.

12.b. Amount. 140.00 estimated

C. Received from any employer (other than an employer covered under parts A and B above)

ZIP Code + 4

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

** The Union nor I have any income or expense as it relates to these programs, nor does the Union have any information as to how many members elect coverage.

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

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